

TAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
03-8483

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
5	/		/				55						
6		/		/			56						
7		/		/			57						
8		/		/			58						
9	/		/				59						
10		8		/			60						
11		8		/			61						
12		8		/			62						
13		8		/			63						
14		0		/			64						
15		0		/			65						
16		0		/			66						
17		0		/			67						
18		0		/			68						
19		0		/			69						
20		0		/			70						
21		0		/			71						
22		0		/			72						
23		0		/			73						
24		0		/			74						
25		0		/			75						
26		0		/			76						
27		0		/			77						
28							78						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL D.			8				TOTAL IND.						
TOTAL F.			24				TOTAL DEP.						
TOTAL CLAIMS			27				TOTAL CLAIMS						